## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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12/27/2005

BIRDWELL & JANKE, LLP 1100 SW SIXTH AVENUE SUITE 1400 PORTLAND, OR 97204 03/24/2006 BABRAHA2 00000044 10672989

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(Depositor's name)	е	I. Rousl	L,H.	
(Signature)	uske	Y K	LIV.	•
(Date)	2006	ch <u>2/</u>	March	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO
10/672,989	09/25/2003	Andrew Knappett		P 0555.13065	1088
LE OF INVENTION: W	OOD CUTTING KNIFE ASS	SEMBLY PROVIDING IMPR	ROVED KNIFE STABILITY		·
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY YES	ISSUE FEE \$700	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 03/27/2006

ART UNIT CLASS-SUBCLASS

MILLER, BENA B 3725 144-230000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

listed, no name will be printed.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Key Knife, Inc.

Number is required.

## Tualatin, Oregon USA

Please check the appropriate assignee category or categories (will not be	printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are enclosed:   ✓ Issue Fee	4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
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